

3rd Annual Susquehanna Youth Wrestling Tournament

Date: March 2nd 2014

Place: Susquehanna Community High School (3192 Turnpike Street
Susquehanna PA) ****This is a Non-Smoking Campus & will be enforced.****

Time: 9:00 AM Start – Sign Ins 7:00-8:00 am

Entry Fee \$20.00 - limited to the first 250 wrestlers

Application Deadline: All registration forms must be received by
February 26th. They must be postmarked by
no later than February 22nd.

Age Divisions: 6 & under 7 & 8 9 & 10 11 & 12
Age as of March 2, 2014 (proof of age required if
requested)

Weight Classes: Each weight class is made up of 4 to 6 wrestlers whose actual
weights are closest to each other, taking into account years experience and last years record.
Coaches must do their own weigh ins. Wrestler's weight may be challenged prior to the ending
of the first round of wrestling for a fee of \$20. Both wrestler must weigh in. If you win the
challenge you will get your money back and wrestler will be disqualified without refund if they
are over. Wrestler must be within 2 pounds of listed weight. No refunds if challenge failed.

Rules: *PIAA, Bout length 1-1-1(minute)
*Tournament Director reserves the right to eliminate or combine any
groups where they deem appropriate.
*Wrestlers may only compete in one division
*Singlets preferred no loose clothing
Criteria for 1st - 6th place
1 – win/loss record 2 – head to head winner 3 - # of pins 4 – total points
5 – total takedowns

Awards: 1st - 6th **Medals**

Admissions: Adults \$3.00 Students \$1.00 Preschool Free All coaches must pay

Food: Available throughout the day

Information: Dennis Gow Jr - Tournament Director (570)853-4731
email – susquehannayouthwrestling@echoes.net

Mail Entries to: Dennis Gow Jr 192 Washington Street Susquehanna PA 18847

Make checks Payable to: SCSD

I certify that the information below is correct and that the participant is covered by either school
insurance or a family health plan. I hereby release any and all rights and claims for damage I
may have against the Susquehanna Youth Wrestling Club, Susquehanna Community School
District, employees, the tournament officials, coaches, referees, & any sponsoring bodies from
any liability or any injury or loss suffered by me or my wrestler directly or indirectly as a result
of this tournament.

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ School/Club: _____

Last Year's Record: Wins _____ Losses _____ Years Exp: _____

Past Honors _____

Parent's Signature: _____ Date: _____